

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

10069299

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS.	12	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	12 minus 20=*	-
INDEPENDENT CLAIMS	3 minus 3 =*	-
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 11	Minus	** 20	= 0
Independent	* 3	Minus	** 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY
RATE	Fee
BASIC FEE	370.00
OR	<input type="checkbox"/>
X\$ 9=	
OR	<input type="checkbox"/>
X\$18=	
OR	<input type="checkbox"/>
X42=	
OR	<input type="checkbox"/>
+140=	
OR	<input type="checkbox"/>
TOTAL	710
OR	<input type="checkbox"/>

SMALL ENTITY	OTHER THAN OR SMALL ENTITY
RATE	ADDI- TIONAL FEE
X\$ 9=	
OR	<input type="checkbox"/>
X\$18=	
OR	<input type="checkbox"/>
X42=	
OR	<input type="checkbox"/>
+140=	
OR	<input type="checkbox"/>
TOTAL	ADDITIONAL FEE
OR	<input type="checkbox"/>

AMENDMENT B	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	**	=	=
Independent	* Minus	**	=	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$ 18=	
OR	<input type="checkbox"/>	OR	<input type="checkbox"/>
X42=		X84=	
OR	<input type="checkbox"/>	OR	<input type="checkbox"/>
+140=		+280=	
OR	<input type="checkbox"/>	OR	<input type="checkbox"/>
TOTAL	ADDITIONAL FEE	TOTAL	ADDITIONAL FEE
OR	<input type="checkbox"/>	OR	<input type="checkbox"/>

AMENDMENT C	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	**	=	=
Independent	* Minus	**	=	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$ 18=	
OR	<input type="checkbox"/>	OR	<input type="checkbox"/>
X42=		X84=	
OR	<input type="checkbox"/>	OR	<input type="checkbox"/>
+140=		+280=	
OR	<input type="checkbox"/>	OR	<input type="checkbox"/>
TOTAL	ADDITIONAL FEE	TOTAL	ADDITIONAL FEE
OR	<input type="checkbox"/>	OR	<input type="checkbox"/>

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.